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U.S. PTO

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 7000-139

First Inventor Gorcea et al.

Title METHOD AND DESIGN FOR INCREASING SIGNAL TO NOISE  
RATIO IN XDSL MODEMS

Express Mail Label No. EL873243155US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 11]  
(preferred arrangement set forth below)  
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 3 sets of 2]
5. Oath or Declaration [Total Pages 3]  
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit. \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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|-------------------|---------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Benjamin S. Withrow | Registration No. (Attorney/Agent) | 40,876            |
| Signature         |                     |                                   | Date              |
|                   |                     |                                   | February 26, 2002 |

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

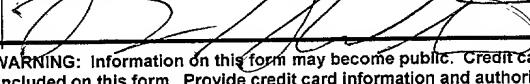
Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 950

| Complete if Known    |               |
|----------------------|---------------|
| Application Number   |               |
| Filing Date          |               |
| First Named Inventor | Gorcea et al. |
| Examiner Name        |               |
| Group / Art Unit     |               |
| Attorney Docket No.  | 7000-139      |

| METHOD OF PAYMENT (check one)  |                            |                 |          |  | FEE CALCULATION (continued)  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
|--|----------------------------|-----------------|----------|--|--|--|--|--|--|----------------------------|----------------------------|-----------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|----------------------------|----------------------------|-----------------|-------|-----|------|-----|------|----------------------|--------|-----|--------|-----|-----|-----|-----|-----|-----|----------------------|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----|-------|-----|-----|-----|----|-----|-------|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------|--|--|--|--|-----------------------------------|--|--|--|--|--------------------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">50-1732</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Withrow &amp; Terranova, P.L.L.C.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required<br/>Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p>   |                            |                 |          |  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">*Reduced by Basic Filing Fee Paid</td><td colspan="2">SUBTOTAL (3) (\$ 0</td></tr> </tbody> </table> |  |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65  | 127 | 50  | 227 | 25  | 139   | 130 | 139 | 130 | 147                        | 2,520                      | 147             | 2,520 | 112 | 920* | 112 | 920* | 113                  | 1,840* | 113 | 1,840* | 115 | 110 | 215 | 55  | 116 | 400 | 216                  | 200 | 117 | 920 | 217 | 460 | 118 | 1,440 | 218 | 720 | 128 | 1,960 | 228 | 980 | 119 | 310 | 219 | 155 | 120 | 310 | 220 | 155 | 121 | 270 | 221 | 135 | 138 | 1,510 | 138 | 1,510 | 140 | 110 | 240 | 55 | 141 | 1,240 | 241 | 620 | 142 | 1,240 | 242 | 620 | 143 | 440 | 243 | 220 | 144 | 600 | 244 | 300 | 122 | 130 | 122 | 130 | 123 | 50 | 123 | 50 | 126 | 180 | 126 | 180 | 581 | 40 | 581 | 40 | 146 | 710 | 246 | 355 | 149 | 710 | 249 | 355 | 179 | 710 | 279 | 355 | 169 | 900 | 169 | 900 | Other fee (specify) _____ |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) (\$ 0 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description | Fee Paid |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 105  | 130                        | 205             | 65       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 127  | 50                         | 227             | 25       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 139  | 130                        | 139             | 130      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 147  | 2,520                      | 147             | 2,520    |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 112  | 920*                       | 112             | 920*     |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 113  | 1,840*                     | 113             | 1,840*   |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 115  | 110                        | 215             | 55       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 116  | 400                        | 216             | 200      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 117  | 920                        | 217             | 460      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 118  | 1,440                      | 218             | 720      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 128  | 1,960                      | 228             | 980      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 119  | 310                        | 219             | 155      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 120  | 310                        | 220             | 155      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 121  | 270                        | 221             | 135      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 138  | 1,510                      | 138             | 1,510    |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 140  | 110                        | 240             | 55       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 141  | 1,240                      | 241             | 620      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 142  | 1,240                      | 242             | 620      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 143  | 440                        | 243             | 220      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 144  | 600                        | 244             | 300      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 122  | 130                        | 122             | 130      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 123  | 50                         | 123             | 50       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 126  | 180                        | 126             | 180      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 581  | 40                         | 581             | 40       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 146  | 710                        | 246             | 355      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 149  | 710                        | 249             | 355      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 179  | 710                        | 279             | 355      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 169  | 900                        | 169             | 900      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| Other fee (specify) _____  |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| *Reduced by Basic Filing Fee Paid  |                            |                 |          |  | SUBTOTAL (3) (\$ 0   |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| FEE CALCULATION  |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$ 740</td></tr> </tbody> </table>   |                            |                 |          |  |  |  |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 | 740 | 201 | 370 | 106 | 330 | 206 | 165 | 107   | 510 | 207 | 255 | 108                        | 740                        | 208             | 370   | 114 | 160  | 214 | 80   | SUBTOTAL (1) (\$ 740 |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description | Fee Paid |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 101  | 740                        | 201             | 370      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 106  | 330                        | 206             | 165      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 107  | 510                        | 207             | 255      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 108  | 740                        | 208             | 370      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 114  | 160                        | 214             | 80       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| SUBTOTAL (1) (\$ 740   |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>27</td><td>7</td><td>18</td><td>126</td></tr> <tr><td>4</td><td>1</td><td>84</td><td>84</td></tr> <tr><td colspan="4">X = 0</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td></tr> <tr><td>102</td><td>84</td><td>202</td></tr> <tr><td>104</td><td>280</td><td>204</td></tr> <tr><td>109</td><td>84</td><td>209</td></tr> <tr><td>110</td><td>18</td><td>210</td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$ 210</td></tr> </tbody> </table> |                            |                 |          |  |  |  |  |  |  | Total Claims               | Extra Claims               | Fee from below  | Fee Paid | 27  | 7   | 18  | 126 | 4   | 1   | 84  | 84  | X = 0 |     |     |     | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | 103   | 18  | 203  | 102 | 84   | 202                  | 104    | 280 | 204    | 109 | 84  | 209 | 110 | 18  | 210 | SUBTOTAL (2) (\$ 210 |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| Total Claims   | Extra Claims               | Fee from below  | Fee Paid |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 27   | 7                          | 18              | 126      |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 4  | 1                          | 84              | 84       |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| X = 0  |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 103  | 18                         | 203             |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 102  | 84                         | 202             |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 104  | 280                        | 204             |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 109  | 84                         | 209             |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| 110  | 18                         | 210             |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |
| SUBTOTAL (2) (\$ 210   |                            |                 |          |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |     |     |     |     |       |     |     |     |                            |                            |                 |       |     |      |     |      |                      |        |     |        |     |     |     |     |     |     |                      |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                           |  |  |  |  |                                   |  |  |  |  |                    |  |

\*\*or number previously paid, if greater, For Reissues, see above

| SUBMITTED BY      |   |  |                                 |        |           | Complete (if applicable) |  |
|-------------------|---|--|---------------------------------|--------|-----------|--------------------------|--|
| Name (Print/Type) | Benjamin S. Withrow   |  | Registration No. Attorney/Agent | 40,876 | Telephone | (919) 654-4520           |  |
| Signature         |  |  |                                 |        | Date      | February 26, 2002        |  |

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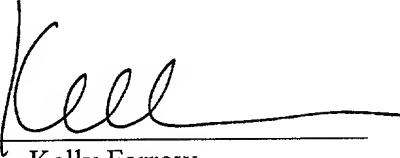
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I hereby certify that this paper, which is a Utility Patent Application entitled **METHOD AND DESIGN FOR INCREASING SIGNAL TO NOISE RATIO IN XDSL MODEMS** (our file 7000-139), and the attached fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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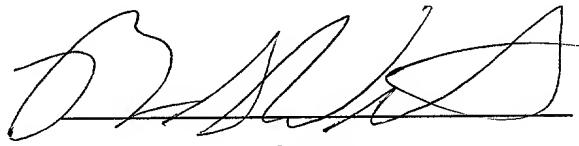
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|--|---|----------------------|---------------|
| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> |   | First Named Inventor | Gorcea et al. |
| Title  | METHOD AND DESIGN FOR INCREASING SIGNAL TO NOISE RATIO IN XDSL MODEMS |                      |               |
| Atty Docket Number   |   | 7000-139             |               |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

February 26, 2002

Date



Signature

Benjamin S. Withrow, Reg. No. 40,876

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

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